





AIR TOXICS AND RADIATION BRANCH U.S. EPA, REGION V

Ford Motor Company
3001 Miller Road, 106 CSB
Dearborn, Michigan 48121

January 26, 1995

Technical and Transportation Services Environmental Services

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece

copy to:

Wayne County Health Department Air Pollution Control Division 640 Temple, Suite 700 Detroit, MI 48201

MDPH, DOH-ASBESTOS PROGRAM 3423 N. Logan/Martin L. King Jr. Blvd. P.O. Box 30195
Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY Postmark Date: Ok Send Def Ltr. FOLLOW UP:// Comments:	Date Def Ltr. Sent:		Name: FO Mailing Add City/State/Z Contact: W	p: Dearborn, M	Rd., 106 CSB		
Notific. No.:  Calculate MDPH Asbestos Project F  x 0  (Total Project Cost)			Mailing Add City/State/Z	ress:			
Contractor License Numbers: Asbestos Abatement: Electrical: Mechanical: Licensing Authority:  1. NOTIFICATION Date of Notification: January	Building: Plumbing:		Mailing Add City/State/Z Contact: <u>W</u>	rd Motor Compan ress: 3001 Miller ip: Dearborn, Mi Bryant	Rd.		
Date of Revision(s): N/A  Notification Type: \( \text{Y} \) Original \( \text{Please check all that apply:} \)  MOPH \( \text{Y} \) Demo, Reno, Encap. (>10 Ln.)	Revised Cancelled ft/15 Sq. ft) 10-day notice	Annual	Location Ad-	ne (or Number): Dearb ddress: 3001 jor Crossroad: Road			
Emergency Renovation/Encap NESHAP (DNR/U.S.EPA)  Planned Renovation 10 worki Emergency Renovation Scheduled Demolition above of Scheduled Demolition below of Ordered Demolition	ng days notice cutoff- 10 <u>working</u> days notic		Size: (sq. ft Age: <u>70</u> Specific Loc	.) <u>900,000</u> No. of Flo Present Use: <u>Wind</u>	ors: _2 Floor No.: _1st  shieldfoor Use: _N/A  Lehr _located_on_1st_  A18=A25		
End Date:  + Asb. Removal: Start Date:	January 26, 1995 February 11, 199 February 12, 199 February 12, 199	5	Location A	llen Park <u>Clay</u> ddress: <u>17005</u> Oakw	Mine Landfill good Blvd. , MI 48101		
+ Demolition: Start Date:		31	Name: Rou Address: _ City/State/Z				
Work Schedule: Please indicate work hours for the purpose of schedule: Days of the Asb. Removal:	Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.  Days of the Week Work Hours  Asb. Removal:  Peb 11-12, 1995 6:00 am - 6:0			9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this politication.) Include the following information:			
Encapsulation:  +  Check here if this is a multi- schedule showing the start indicate if it is for asbestos r	and end dates of <u>each</u> phase removal, demolition, etc.	ttach a	Name/Title	of Person Signing Order:	te Ordered to Begin:		
Estimate the amount of asbesto	IS ASBESTOS PRESENT?     Yes \( \text{Y} \)     No \( Stimate the amount of asbestos: Include Regulated Asbestos Contain Also include in the right hand two columns below the amount of non-friable texts.						
RACM to be Removed	RACM to be Encapsulated		le ACM not re itegory I	moved before Demo. Category II	Unit of Measure		
728				3	☐ Ln. Ft. ☐ Ln. M. ☐ Sq. Ft. ☐ Sq. M. ☐ Cu. Ft* ☐ Cu. M.*		
* Volume (cubic feet/cubic meter) sh	nould be used only if unable	to measure	by linear or squ	are measure (ex: if asbe	stos has fallen off surfaces).		

	PROJECT DESCRIPTION						
ı	a)Renovation: Indicate the surfaces RACM will be removed from.   Encapsulation (for MDPH): Indicate surfaces to be encapsulated:						
	Piping Fittings Boiler(s) Tank(s) Piping Fittings Boiler(s) Tank(s)						
	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)						
	X Other: (describe) Non-friable asbestos is Other: (describe)						
	contained in the mortar, between bricks of						
	Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in						
	sections and carefully lower, etc.): Wet methods in conjunction with a full negative pressure						
	containment will be used to bag rows of bricks which will be placed on pellets for						
	transportation to Allen Park Clay Mine-Landfill.						
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)						
	N/A						
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after						
	removal and until proper disposal: _Same_as_no11.b_aboveAir_monitoring_will_be_performed_in						
	accordance with OSHA and NESHAP regulations						
13	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable						
''	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: Approved asbestos abatement.						
	procedures will be performed; including, notification, bulk sampling and lab analysis,						
	wet methods and full negative pressure containment, clean-up and air monitoring.						
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If						
	analytical sampling was used, describe method: A recent building survey identified said mortar as con-						
	taining asbestos. Any questionable material will be treated as though it contained asbestos						
	unless subsequent sampling and analysis results prove otherwise						
21 23	The second carbitated and analysis results played intervalse.						
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency: N/A.						
	Description of the sudden, unexpected event:						
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:						
16.	i. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition						
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be						
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be						
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95  1/26/95						
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	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95  Signature of Owner or Abatement Contractor  Date  Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95  Signature of Owner or Abatement Contractor  Date  Date						
17.	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95 Signature of Owner or Abatement Contractor  Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)						
17.	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Company						
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M# N	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    John						
M# N	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    1/26/95						
MA N 4	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95  Signature of Owner or Abatement Contractor  Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 221(1/32) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feetor more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.  Signature of Asbestos Abatement Contractor Representative  NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MOPH.  AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  RESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5						
MA N 4	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  1/26/95  Signature of Owner or Abatement Contractor  Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 221(1)(2) or P.A. 135 of 1986, as amended, clearance airmonitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance airmonitoring performed on this project.  Signature of Asbestos Abatement Contractor Representative  NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.  AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  O CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.						
MA N 41 S	Signature of Owner or Abatement Contractor  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (TX2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feetor more offriable material which is performed within anegative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.  Signature of Asbestos Coord. DNR, AQD NESHAP, Mail to: Asbestos Coord. DNR, AQD Signature of Asbestos Coord. Signature of Signature of Asbestos Coord. Signature of Signature of Asbestos Coord. Sig						
MA N 41 S	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Comparison						
MA N 4 S	Signature of Owner or Abatement Contractor  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (TX2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feetor more offriable material which is performed within anegative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.  Signature of Asbestos Coord. DNR, AQD NESHAP, Mail to: Asbestos Coord. DNR, AQD Signature of Asbestos Coord. Signature of Signature of Asbestos Coord. Signature of Signature of Asbestos Coord. Sig						

PR 5661 (rev. 12/93)



Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

March 3, 1995

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604



Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

**Environmental Control Engineer** 

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

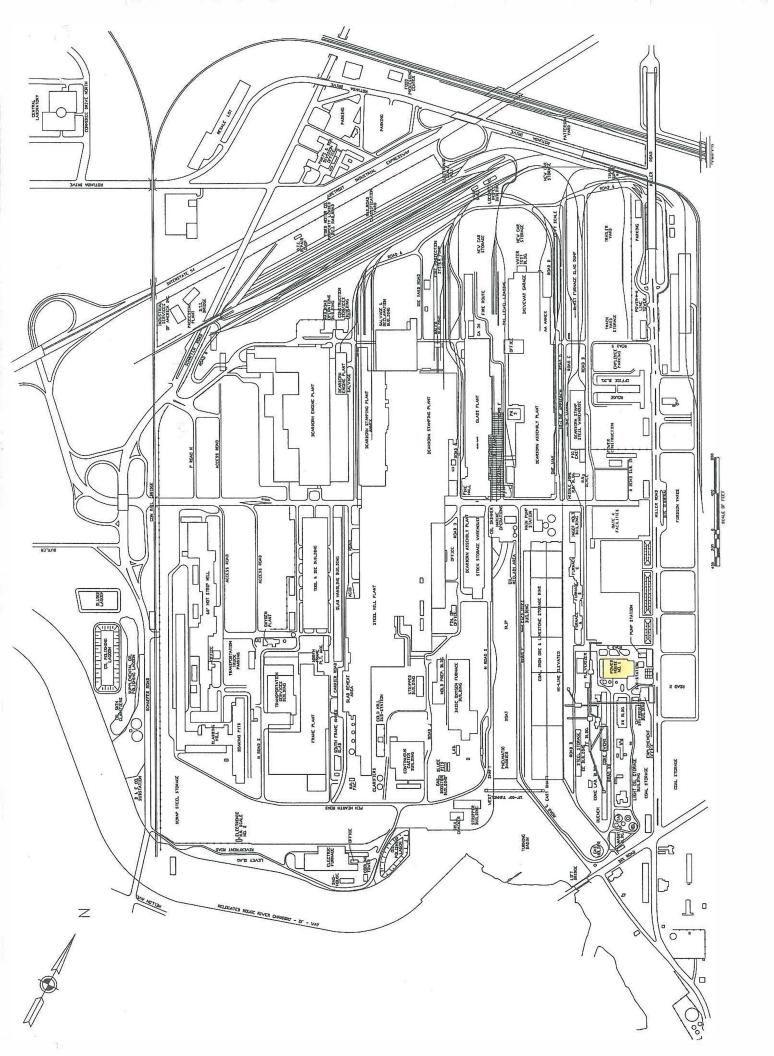
		-				
	DNR/MDPH USE ONLY	3.		Internal Proj. No.		
	Postmark Date: Rec'd Date:		Name: Ford Motor Co P			
e	Ok Send Def Ltr. Date Def Ltr. Sent:		Mailing Address: 3001 Miller			
	FOLLOW UP:/_ Spoke w/:		City/State/Zip: Dearborn, MI			
	Comments:		Contact: K. Bollen Rm 410	Phone: (313) 322-9016		
		,	DEMOLITION CONTRACTOR	Internal Proj. No.		
	Notific. No.; Trans. No.:	\ \"-	Name:	Internal Proj. No.		
Cal		1	Mailing Address:			
Cal	culate MDPH Asbestos Project Fee:		City/State/Zip:			
_	x 0.01 =		Contact:	Phone: ( )		
	(Total Project Cost) (1% Project Fee)	-				
	ontractor License Numbers:	5.		Internal Proj. No.		
,	Asbestos Abatement: Building: Building: Plumbing:	1	Name: Ford Motor Co P	111111111111111111111111111111111111111		
	Mechanical:	1	Mailing Address: 3001 Miller			
L	icensing Authority:		City/State/Zip: Dearborn, MI Contact: K. Bollen Rm 410			
1.	NOTIFICATION	_	Contact. R. Bollen Rik 120	Filone. (313) 322 9010		
	Date of Notification: 3/3/95 Date of Revision(s):	6.	FACILITY DESCRIPTION	1-		
	Date of Revision(s):  Notification Type:  Original Revised Canonical Annual Annual Canonical Can	+ 1	Facility Name (or Number): Powerh	ouse No. 1		
			Location Address: 3001 Miller	Rd.		
	MDPH MAR 0 0 1000	1	See Attached Map	<u> </u>		
		ATI	Nearest Major Crossroad: Miller	& Dix		
			-			
	NESHAP (DNR/U.S.EPA)    Image: Planned Renovation 10 working days notice U.S. EPA, REGION	J.V.	Size: (sq. ft.)282,000 No. of Floo			
	Emergency Renovation	1	Age: <u>75yrs</u> Present Use: <u>Power</u> Specific Location(s) Within Facility: <u>F</u>			
	<ul> <li>☐ Scheduled Demolition above cutoff- 10 working days notice</li> <li>☐ Scheduled Demolition below cutoff - 10 working days notice</li> </ul>		& Adjoining wall tubes			
72	☐ Ordered Demolition					
2.	PROJECTSCHEDULE	7.	DISPOSALSITE			
	* Renovation: Start Date: 3/20/95	1	Name: Ford Allen Park Cl			
	End Date: 4/21/95		Location Address: 17005 Oakwo			
	+ Asb. Removal: Start Date: 3/20/95	2013	City/State/Zip: Dearborn, MI	48101		
-	+ Demolition: Start Date:	8.	WASTE TRANSPORTER1	WASTE TRANS, 2		
	End Date:	"	Name: Ford Trans. Svcs.	404 44 4 10		
	Encapsulation: Start Date:		Address: 3001 Miller Rd.			
	End Date:		City/State/Zip: Dearbown, MI481	21.		
	* Includes setup, building containment, etc., but not removing asbestos		Phone: ( )	( )		
	Work Schedule: Please indicate the anticipated days of the week and		ORDERED DEMOLITIONS: (See gui	dollaga, abtoinable bu seeteetie e		
	work hours for the purpose of scheduling a compliance inspection.	9.	<ul> <li>DNR or WCAPCD at the addresses li</li> </ul>	sted on the reverse side.		
201	Days of the Week Work Hours  Asb. Removal: $M - F$ 7:00 - 4:00	Fe.	for NESHAP definition of "Ordered D must accompany this notification.) In	emolition." A copy of the order		
	Demolition:	. 3	le le fille de la le la	As a		
9	Encapsulation:		Gov't Agency Ordering Demo:	120403FT 51 53F 58		
	+ Check here if this is a multi-phased project. Be sure to attach a	1	Name/Title of Person Signing Order:			
	schedule showing the start and end dates of each phase and					
	indicate if it is for asbestos removal, demolition, etc.		Date of Order: Date	e Ordered to Begin:		
10.	IS ASBESTOS PRESENT? Yes No		, ¥ E B	w 2 × 0 ×		
	Estimate the amount of asbestos: Include Regulated Asbestos Cont Also include in the right hand two columns below the amount of non-friat	aining	g Material (RACM) to be removed, dist	turbed, and/or encapsulated, etc.		
		-		removed prior to demondon.		
			ACM not removed before Demo. ory I Category II	Unit of Measure		
				Ln. Ft. Ln. M.		
	350			Sq. Ft. Sq. M.		
				Cu. Ft * Cu. M.*		
*	Volume (cubic feet/cubic meter) should be used only if unable to measur	e bv	linear or square measure (ex: if asbes	407		
			_ (=::: :: =:===			

11.	PROJECT DESCRIPTION  a)Renovation: Indicate the surfaces RACM will be removed from.  XX Piping Fittings X Boiler(s) Tank(s) Piping Fittings Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)  Other: (describe) Other: (describe)						
*	b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):  Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.						
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)						
1-44							
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.						
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: See Section 12. Appropriat agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.						
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.						
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:  Description of the sudden, unexpected event:						
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:						
16.	6. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.						
	Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date						
17.	17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within an egative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.  3/3/95						
-	Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative						
	NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.						
1.	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)						
	ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5						
V	O CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord 540 Temple, Suite 700 Town Jackson Blvd. Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604						
	ec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. ublic Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd.						
19	986, as amended P.O. Box 30195 Lansing MI 48909 (517) 335-9482						

DD 5661 (ray 12/03

ansing, Mi 48909 (517) 335-9482

OU 1/2 /ray 12/02





Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

April 12, 1995



AIR TUXICS AND RADIATION BRANCH U.S. EPA, REGION V

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

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If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

MI DEPT OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY  Postmark Date: Rec'd Date:  Ok Send Def Ltr. Date Def Ltr. Sent:  FOLLOW UP: / / Spoke w/:  Comments:	3. ABATEMENTCONTRACTOR Name: Ford Motor Co Power & Utility Ups.  Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121 Contact: K. Bollen Rm 41(Phone: (313) 322-9016  4. DEMOLITION CONTRACTOR Internal Proj. No.		
Notific. No.: Trans. No.:	Name:		
Calculate MDPH Asbestos Project Fee:  x 0.01 =	Mailing Address: City/State/Zip:Phone: ( )		
Contractor License Numbers:	5. FACILITY OWNER Internal Proj. No.		
Asbestos Abatement: Building: Electrical: Plumbing: Mechanical: Licensing Authority:	Name: Ford Motor Co Power & Utility Ops.  Mailing Address: 3001 Miller Rd.  City/State/Zip: Dearborn, MI 48121  Contact: K. Bollen Rm 410 Phone: (313) 322-9016		
1. NOTIFICATION Date of Notification: 4/12/95			
Date of Revision(s):  Notification Type:  Original Revised Cancelled Annual  Please check all that apply:  MDPH	6. FACILITY DESCRIPTION  Facility Name (or Number): Powerhouse No. 1  Location Address: 3001 Miller Rd.		
Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice Emergency Renovation/Encapsulation NESHAP(DNR/U.S.EPA)  Planned Renovation 10 working days notice Emergency Renovation Scheduled Demolition above cutoff- 10 working days notice Scheduled Demolition below cutoff - 10 working days notice Ordered Demolition	Nearest Major Crossroad: Miller & Dix  City: Dearborn County: Wayne State: MI  Size: (sq. ft.)282,000 No. of Floors: 7 Floor No.:  Age: 75yrs Present Use: Powerhous Prior Use: Powerhouse  Specific Location(s) Within Facility: #'s 5, 6, 7, & 8  Zeolite tanks in southwest corner of building		
2. PROJECT SCHEDULE	7. DISPOSALSITE		
* Renovation: Start Date: 4/17/95	Name: Ford Allen Park Clay Mine Landfill		
End Date: 5/1/95	Location Address: 17005 Oakwood B1vd.		
+ Asb. Removal: Start Date: 5/1/95 End Date: 5/21/95	City/State/Zip: Dearborn, MI 48101		
+ Demolition: Start Date:  End Date:	8. WASTETRANSPORTER1 WASTE TRANS. 2 Name: Ford Trans. Svcs.		
Encapsulation; Start Date:	Address: 3001 Miller Rd.		
End Date:	City/State/Zip: Dearbown, MI 48121		
* Includes setup, building containment, etc., but not removing asbestos	Phone: (3:13) 845-5730 ( )		
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.  Days of the Week Work Hours  Asb. Removal: M - F	DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:  Gov't Agency Ordering Demo:		
+ Check here if this is a multi-phased project. Be sure to attach a	Name/Title of Person Signing Order:		
schedule showing the start and end dates of <u>each</u> phase and indicate if it is for asbestos removal, demolition, etc.	Date of Order: Date Ordered to Begin:		
10. IS ASBESTOS PRESENT? Yes 🛱 No 🗌			
Also include in the right hand two columns below the amount of non-friab	The state of the s		
	ble ACM not removed before Demo. Category I Category II Unit of Measure		
	Ln. Ft. Ln. M.		
2,500	Ln. Ft. ☐ Ln. M. ☐ Ln. Ft. ☐ Sa, M. ☐ Cu. Ft* ☐ Cu. M.*		

F.)								
11.	PROJECT DESCRIPTION		20 gr					
	a)Renovation: Indicate the surface	ces RACM will be removed from	Encapsulation (for MDPH): Indicate surfaces to be encapsulated:					
	· <u> </u>	Boiler(s) Tank(s)						
	$=$ $\cdot$ $\cdot$ $=$ $\cdot$ $\cdot$		Piping Fittings Boiler(s) Tank(s)					
	Beam(s) Duct(s)	Tunnel(s) Ceiling Tile(s)	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)					
	Other: (describe)	<u> </u>	Other: (describe)					
			~ 0					
27	b)Method of removal: Describe	how the asbestos will be removed fro	m the surface (example: glove bag, scrape with hand tools, cut in					
	sections and carefully lower, et	ic.): Comono with hand too	ols, cut in sections with hand tools and					
		Scrape with hand too	ors, cut in sections with hand tools and					
	carefully lower, we	t wipe and vacuum contam	inated surfaces.					
			<u></u>					
			9 0 19 0 A a a a a a a a a a a a a a a a a a a					
	c)Demolition: Describe method of	f demolition and indicate if complete or	r partial demolition (If partial, describe which part will be demolished.)					
	8		At the second se					
100								
40	ENGINEERING CONTROL O. D.	and a second control of the second	and the second significant and affine and af					
12.			controls used to prevent visible emissions before, during, and after					
			tion with a full negative pressure					
	containment will be u		terial to prevent visible emissions and					
	place wet material in	n leaktight containers t	that will remain leaktight until landfilled.					
13.	<b>UNEXPECTED ASBESTOS:</b> Des	cribe procedures that will be followed in	n the event that unexpected RACM is found or previously non-friable					
6		•	a) and therfore regulated: See Section 12. Appropriat					
			of unexpected asbestos found is at least 20%					
			of discretted aspestos found is at least 20%					
	different than previous	ously reported.	<u>x</u>					
	Section of the Control of the Contro	THE STATE OF THE S	No.					
14.			Indicate how you determined whether or not asbestos is in the facility. If					
	analytical sampling was used, des	cribe method: A recent build	ling survey was conducted and all suspect					
			ght microscopy method, material is assumed					
	to contain aspestos a	and is considered to be	KAGM.					
15.	EMERGENCY RENOVATIONS: D	ate and hour of the emergency:	(4)					
	Description of the sudden, unexpected event:							
		₩	*					
	Explain how the event caused un-	safe conditions, would cause equipmen	nt damage and/or an unreasonable financial burden;					
	est present the state of the st	outo continent, troute outob equipitio.						
	*åi	(4°:						
	f		- T					
16	I certify that an individual trained in	the provisions of 40 CER Part 61 Sub	ppart M, will be on-site during the renovation and during demolition					
			ence that the required training has been completed by this person will be					
	available for inspection during non		F					
60			* *					
		/ /2						
	1 myson	4/12/75						
4	Signature of Owner or Abatement	Contractor Date	Signature of Owner or Demolition Contractor Date					
		A SAME AND						
17.	Signature Requirements for Pr	olects with Negative Pressure End	closures: (required by Michigan Dept. of Public Health)					
			asbestos abatement project involving 10 linear feet/15 square feet or more of friable material					
	which is performed within a negative pressure performed on this perject.	enclosure. I (the building owner or lessee) have been	en advised by the contractor of my responsibility under Act 135 to have clearance air monitoring					
	performed dirains project.	1.1.100	5 °					
	e Coh	7/12/95						
	Signature of Building Owner or Lessee	, e	Signature of Asbestos Abatement Contractor Representative					
	NOTE: For affected projects, this section on	the notification form must be signed when the proje	ect notification form is submitted to MDPH					
			7					
	• =	and the second s	contact the appropriate MICHIGAN agencies below.)					
	- •	Asbestos Coord. DNR, AQD	NESHAP Projects in Wayne Co.: U.S. EPA, Region 5					
40	CFR, Part 61,	Town Center, Ste. B, #200 OR	Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.					
	ubpart M		640 Temple, Suite 700 77 W. Jackson Blvd.					
	,	•	Detroit, MI 48201 Chicago, IL 60604					
			21111, 1020 , 00004					
S	ec. 220(1-4) or (8), Mail to:	MDPH, DOH-ASBESTOS PROGRAM.						
	ablic Act 135 of		* 2					
rı		3423 N. Logan/Martin L. King Jr. Blvd.	β <sub>2</sub>					
40	86, as amended	P.O. Box 30195						

(517) 335-9482

Lansing, MI 48909





Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

March 15, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator U.S. EPA. REGION V
77 W. Jackson Bivd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

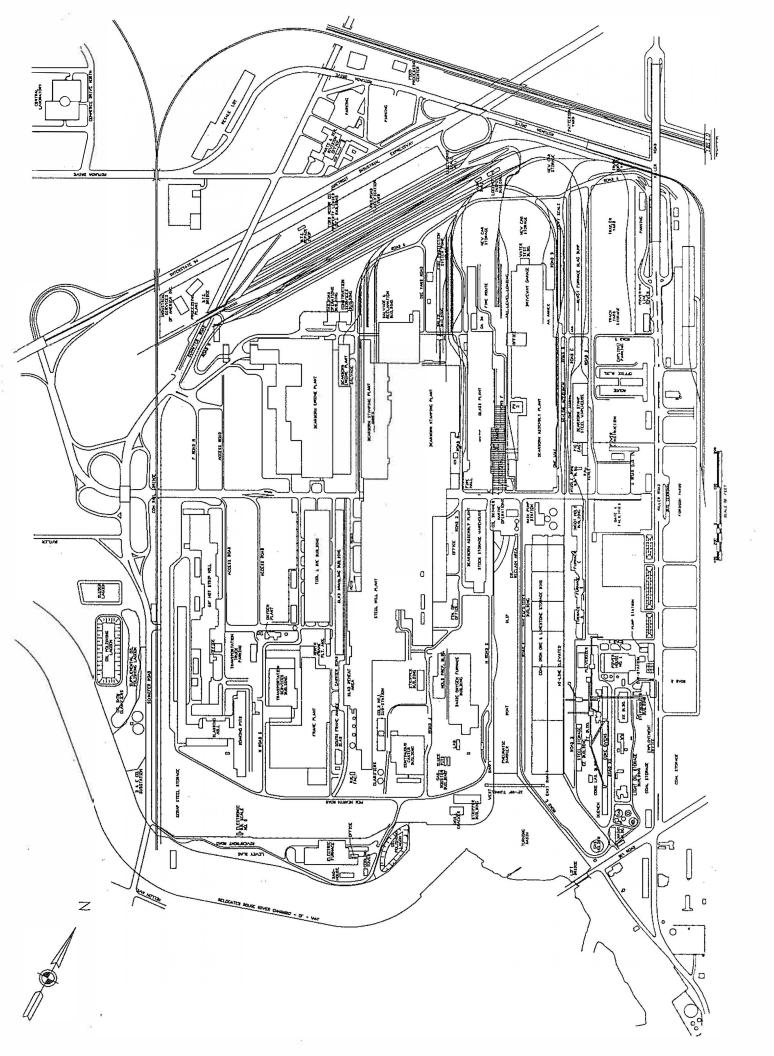
MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAF, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

□ Cu. Ft \* □ Cu. M.\*

Cato		Trans. No.: GEAR  ect Fee:  ( 0.01 =	O 1995  RADIA TEGION	Name: Eo Mailing Ad City/State/ Contact:  4. DEMOLITI Name: Mailing Ad City/State/	dress: 3001 Miller Zip: Dearborn, MI K. Bollen Rm 41 ON CONTRACTOR dress: Zip:	48121 (Phone: (313) 322-9016 Internal Proj. No.
Æ	(Total Project Cost) contractor License Numbers asbestos Abatement: Electrical: Mechanical: Icensing Authority: NOTIFICATION	· Building: Plumbing:		Mailing Add City/State/2	ord Motor Co dress: 3001 Miller Zip: Dearborn, MI	
Date of Notification: 3/3/95 Date of Revision(s): 3/15/95 Notification Type:  Original  Revised  Cancelled  Annual  Please check all that apply: MDPH  (XX Demo, Reno, Encap. (>10 Ln. fl/15 Sq. ft) 10-day notice  Emergency Renovation/Encapsulation NESHAP(DNR/U S.EPA)  Y Planned Renovation 10 working days notice  Emergency Renovation  Scheduled Demolition above cutoff- 10 working days notice  Scheduled Demolition below cutoff - 10 working days notice			6. FACILITY DESCRIPTION  Facility Name (or Number): Powerhouse No. 1  Location Address: 3001 Miller Rd.  Sec Attacked Map  Nearest Major Crossroad: Miller & Dix  City: Dearborn County: Wayne State: MI  Size: (sq. ft.282,000 No. of Floors: 7 Floor No.: 3rd  Age: 75yrs Present Use: Powerhouse Floor Use: Powerhouse Specific Location(s) Within Facility: Boiler #1 Drum area  & Adjoining wall tubes on west wall			
2.	+ Asb. Removal. Start D End D + Demolition: Start D End D Encapsulation: Start D End D	ate: 4/21/95 4/28/9 ate: 3/20/95 3/27/9 ate: 4/21/95 4/28/9 ate: ate: ate: ate:	95 95 95	Location A City/State/2  8. WASTETR Name: Fo Address: City/State/2	ddress: 17005 Oakw Zip: Dearborn, MI ANSPORTER1 rd Trans. Svcs. 3001 Miller Rd.	WASTE TRANS. 2
1362	Work Schedule: Please indiwork hours for the purpose of Days of Asb. Removal:  Demolition:  Encapsulation:  + Check here if this is a machedule showing the second	cale the anticipated days of the f scheduling a compliance inspert fithe Week Work Ho F 7:00 - 4:  multi-phased project. Be sure to a lart and end dates of each phase os removal, demolition, etc.	week and ection. urs : 00	Gov't Agen	cy Ordering Demo:of Person Signing Order.	
10.	Estimate the amount of asbestos: Include Regulated Asbestos Contain Also include in the right hand two columns below the amount of non-friable RACM to be Removed Encapsulated Cat			e Cal. I and/or Ca		Unit of Measure  Ln. Ft. Ln. M.
	350					Sq. Fl. Sq. M.

11.	PROJECT DESCRIPTION
	a)Renovation in the surfaces RACM will be removed from.    Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
ĺ	Piping Fittings Boiler(s) Tank(s) Piping Fittings Boiler(s) Tank(s)
1	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
	Other (describe) Other, (describe)
1/21	b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in
	sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and
	carefully lower, wet wipe and vacuum contaminated surfaces.
	en en grand men grand gen
	c)Demotition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
٠	
12	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after
17.	removal and until proper disposal: Wet methods in conjunction with a full negative pressure
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13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable
	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: See Section 12. Appropriate
	agencies will be re-notified if the amount of unexpected asbestos found is at least 20%
	different than previously reported.
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If
	analytical sampling was used, describe method: A recent building survey was conducted and all suspect
	- Contract C
	materials were tested using the polarized light microscopy method, material is assumed
	to contain asbestos and is considered to be RACM.
4 ~	EMERGENCY RENOVATIONS: Date and hour of the emergency:
15.	
	Description of the sudden, unexpected event:
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
4.0	
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.
	1/4 (1/4) 3/3/95
	Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
+	
17.	Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)
	Per section 221 (1X2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of triable material
	which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.
	1 2/1/95
	Signature of Building Owner or Lessee
•	Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative
	NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
MΔ	ILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)
NIE	20114.5
	CED Book 64
	CFR, Part 61, Town Center, Ste. 8, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.
Sι	ibpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Blvd.
	Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
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	blic Act 135 of 3423 N. Logan/Martin L. King, Ir. Blvd







Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

April 7, 1995

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

MIDEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP. 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

			- Was-asy-			
8	Ok Send Def Ltr.	Rec'd Date: Date Def Ltr. Sent: Spoke w/:		Name: E Mailing Ac City/State/ Contact:	ddress: <u>3001 Miller</u> Zip: <u>Dearborn. MI</u> K. Bollen Rm 41	48121 (Phone: (313) 322-9016
	Notific. No.:	Trans. No.:		Name:	ION CONTRACTOR	Internal Proi. No.
Cal	culate MDPH Asbestos Project Fee:  x 0.01 =  (Total Project Cost)	iste *	(0)	City/State/	dress: Zip:	
F	Contractor License Numbers: Asbestos Abatement: Electrical: Mechanicat: Icensing Authority: NOTIFICATION Date of Notification: 3/3/95	Building:Plumbing:		Mailing Ad City/State/ Contact: I	ord Motor Co dress: 3001 Miller Zip: Dearborn, MI	48121 Phone: (313) 322-9016
	Date of Revision(s): .3/15/95 4/Notification Type: Moriginal Replace Check all that apply:  MDPH  IXX Demo, Reno, Encap. (> 10 Ln. ft/15  Emergency Renovation/Encapsulate NESHAP (DNR/U S EPA)  IX Planned Renovation 10 working dialette Scheduled Demolition above cutoff Scheduled Demolition below cutoff Ordered Demolition	Sq. ft) 10-day notice ion ays notice - 10 <u>working</u> days noti	☐ Annual	Facility Na. Location A Se. Nearest M City: Dear Size: (sq. Age: 75y Specific Lo	me (or Number): Power Address: 3001 Miller Affackel Maj ajor Crossroad: Miller born Cou ft. 282,000 No. of Fic rs Present Use: Power	E Rd.  & Dix  Inty: Wayne State: MI  Poors: 7 Floor No.: 3rd  Thous⊕rior Use: Powerhouse  Boiler #1 Drum area
	* Renovation. Start Date:	(21/95 4/28/9 (28/95 <del>3/2</del> 7/9 (21/95 4 <del>/28/9</del>	95 95 95 <u>5 / 29/</u> 9 5 95 <u>6 / 16/9</u> 5	Name: Fo Location A City/State/  B. WASTETR Name: Fo Address: City/State/	Address: 17005 Oakw Zip: Dearborn, MI ANSPORTER1 rd Trans. Svcs. 3001 Miller Rd.	WASTE TRANS. 2
	Work Schedule: Please indicate the work hours for the purpose of schedule.  Days of the Wee Asb. Removal:  Demolition:  Encapsulation:  + Check here if this is a multi-phase schedule showing the start and e indicate if it is for asbestos remov	anticipated days of the ing a compliance inspect. Work Ho	week and gection.	ORDER E - DNR or WC for NESHA must accor	D EMO LITIONS: ( See gue CAPCD at the addresses I P definition of "Ordered Enpany this notification.) In a ccy Ordering Demo:  of Person Signing Order.	ideli n.e. obta inabley c onta irig isted on the reverse side, " Demolition." A copy of the order include the following information:
4.6	IS ASBESTOS PRESENT? Yes Estimate the amount of asbestos: I Also include in the right hand two column	nclude Regulated Asbe	estos Containin	g Malerial (R	ACM) to be removed, dis	lurbed, and/or encapsulated, etc.
	RACM to be	ACM to be ncapsulated		ACM not re	moved before Demo Category II	Unit of Measure
	350	The same	, the to A			Ln. Ft. Ln. M.
2	endi a shekara dalah	action 400	STREET ST	198_1	rechanged MASSA	Cu. Ft Cu. M.*

\* Volume ( cubic feet/cubic meter) should be used only if unable to measure by linear or square measure fex; if asbestos has fallen off surfaces)

11. PROJECT DESCRIPTION  a)Renovation '-: case the surfaces RACM will be removed from.    Renovation '-: case the surfaces RACM will be removed from.   Renovation '-: case the surfaces RACM will be removed from.   Piping   Fittings   Boiler(s)   Tank(s)     Beam(s)   Duct(s)   Tunnel(s)   Ceiling Tile(s)     Other (describe)     Other (describe)     Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in the surface (example: glove bag, scrape with ha	Tile(s)
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15. EMERGENCY RENOVATIONS: Date and hour of the emergency:  Description of the sudden, unexpected event:  Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:	
	- 7-7452
16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person available for inspection during normal business hours.	will be
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Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. Public Act 135 of 3423 N. Logan/Marlin L. King Jr. Blvd.	